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21888 7590 05/04/2005

THOMPSON COBURN LLP  
ONE US BANK PLAZA  
SUITE 3500  
ST LOUIS, MO 63101

Maribeth Hookway

positor's name)

Mammoth Hookway  
August 4, 2004

(Signature)

(Dat

|  |             |                      |  |
|--|-------------|----------------------|--|
| APPLICATION NO.  | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. I CONFIRMATION NO. |
| 10/560,655   | 08/11/2006  | Paul D. Olivo        | 66146-50664 2262                       |
| TITLE OF INVENTION: NEGATIVE STRAND RNA VIRUS REPLICON |             |                      |  |

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE I | PREV. PAID ISSUE FEE I | TOTAL FEE(\$ ) DUE I | DATE DUE   |
|----------------|--------------|---------------|-----------------------|------------------------|----------------------|------------|
| nonprovisional | NO           | \$1510        | \$300                 | \$0                    | \$1810               | 08/04/2009 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|
|----------|----------|----------------|

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence)

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Thompson Coburn LLP

2 Charles P. Romano, Ph.D.

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Apath. LLC

The United States of America as represented by The Department of Health and Human Services Washington, DC  
Rush University Medical Center Chicago, IL

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Louis, MO

Chicago, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual ☒ Corporation or other private group entity

**X Government**

4a. The following fee(s) are submitted:

**X Issue Fee**

X Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-0823(enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Typed or printed name **Charles P. Romano**

Registration No. 56,991

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Enterprise Services, Attention: Paperwork Reduction Project (0418-0042), Washington, DC 20540. Send comments to the Office of Management and Enterprise Services, Attention: Paperwork Reduction Project (0418-0042), Washington, DC 20540. Do NOT send fees or completed forms to this address. Send your fee to the USPTO, P.O. Box 1418, Alexandria, Virginia 22313-1450. Do NOT send fees or completed forms to this address. Send your fee to the USPTO, P.O. Box 1418, Alexandria, Virginia 22313-1450.